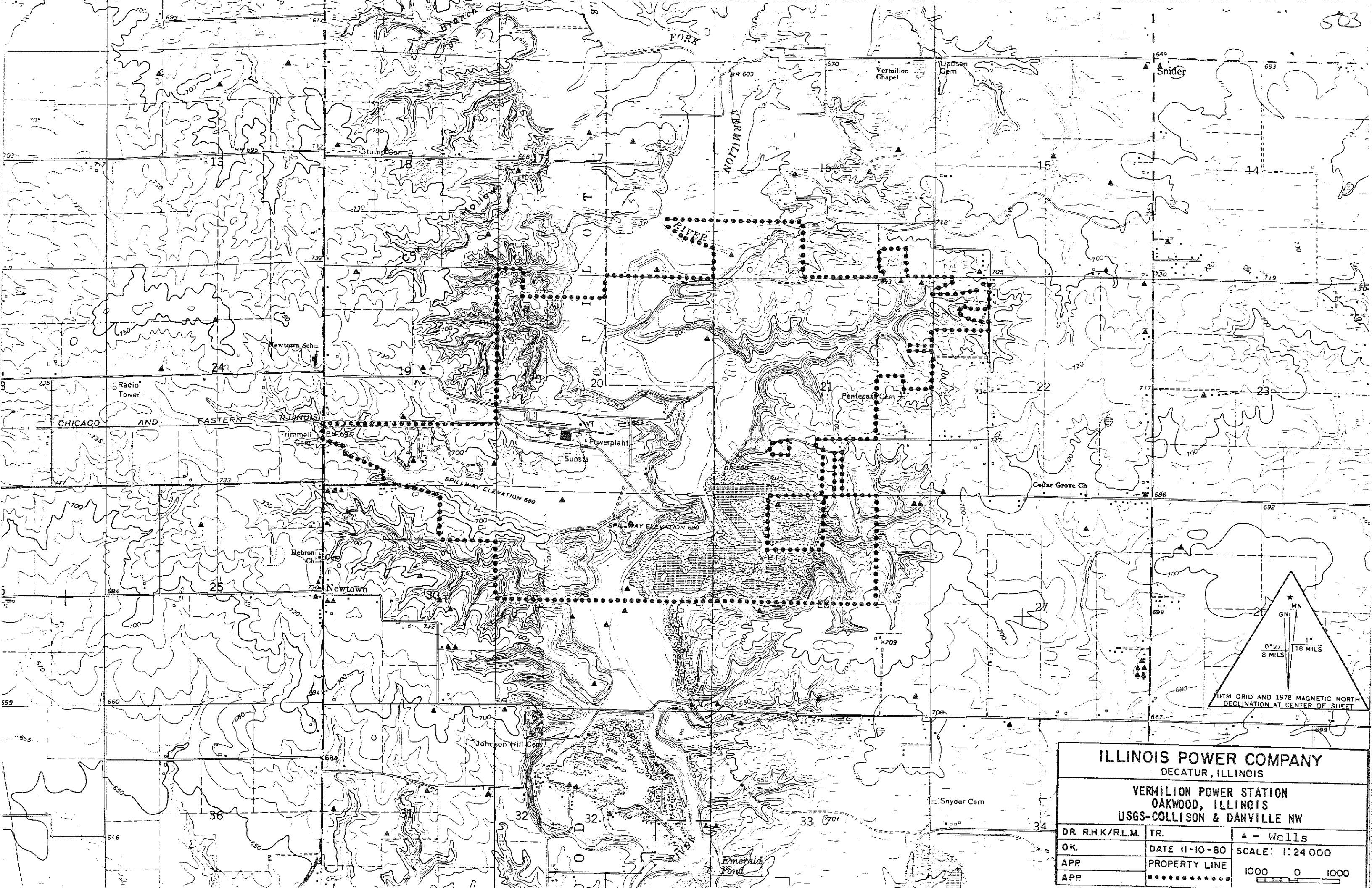
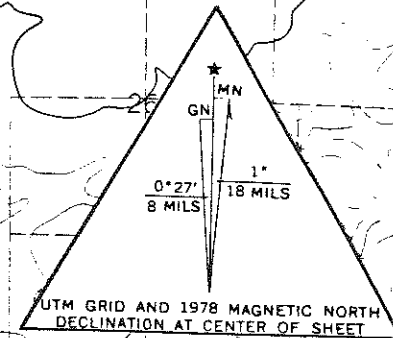


503





503



ILLINOIS POWER COMPANY DECATUR, ILLINOIS		
VERMILION POWER STATION OAKWOOD, ILLINOIS USGS-COLLISON & DANVILLE NW		
DR. R.H.K./R.L.M.	TR.	▲ - Wells
OK.	DATE 11-10-80	SCALE: 1:24 000
APP	PROPERTY LINE	1000 0 1000
APP	*****	



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD030567127

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

ILLINOIS POWER CO VERMILION POWER STA
500 S 27TH ST
DECATUR IL 62525

6 MI N OF RT I-74 AT OAKWOOD
OAKWOOD IL 61853

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 10 2000

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D 0 3 0 5 6 7 1 2 7

II. Name of Installation (Include company and specific site name)

V E R M I L I O N P O W E R S T A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 M I L E S N O R T H O F I - 7 4 A

Street (Continued)

O A K W O O D I L

City or Town

O A K W O O D

State

Zip Code

I L

6 1 8 5

County Code

County Name

1 8 3

V E R M I L I O N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 8 2 8 N M O N R O E S T R E E T

City or Town

D E C A T U R

State

Zip Code

I L

6 2 5 2 6 - 3 2 6 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

T U T T L E

(First)

T O M E Y

Job Title

E N V P R O

Phone Number (Area Code and Number)

2 1 7 - 8 7 2 - 2 1 8 3

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

D Y N E G Y M I D W E S T G E N E R A T I O N I N C

Street, P.O. Box, or Route Number

2 8 2 8 N M O N R O E S T R E E T

City or Town

D E C A T U R

State

Zip Code

I L

6 2 5 2 6 - 3 2 6 9

Phone Number (Area Code and Number)

2 1 7 - 8 7 2 - 2 1 8 3

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☐No ☒Date Changed
Month Day Year8/24/00
al

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

A. D. Dierickx
Manager - Environmental Resources

Date Signed

8/1/2000

XI. Comments

This subsequent notification is made to reflect the owner's name change from Illinova Power Marketing, Inc. to Dynegy Midwest Generation, Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

I L D 0 3 0 5 6 7 1 2 7

II. Name of Installation (Include company and specific site name)

V E R M I L I O N P O W E R S T A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 M I L E S N O R T H O F I - 7 4 A T

Street (Continued)

O A K W O O D I L

City or Town

O A K W O O D I L

County Code

County Name

1 8 3 V E R M I L I O N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 0 0 S O U T H 2 7 t h S T R E E T

City or Town

D E C A T U R I L

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

R U T H E R F O R D D O U G L A S

Job Title

Phone Number (Area Code and Number)

C H E M M A N G G P L D 2 1 7 - 3 6 2 - 7 8 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

☐ ☒ ☐

City or Town

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

I L L I N O V A P O W E R M A R K E T I N G , I N C

Street, P.O. Box, or Route Number

5 0 0 S O U T H 2 7 t h S T R E E T

City or Town

D E C A T U R I L

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

2 1 7 - 3 6 2 - 7 8 0 0 P P Yes X No

Month Day Year

1 0 0 1 9 9

1830605002

RECEIVED
FEB 28 2000
EPA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

RECEIVED

OCT 04 1999

DA/BOF

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See instructions)
☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles: See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Dough J. Peckford for

Name and Official Title (Type or print)

Jene L. Robinson
Manager - Environmental Resources

Date Signed

10/1/89

XI. Comments

This subsequent notification is to identify Illinova Power Marketing, Inc. as the owner of this installation.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

91.0279/ CA

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT



United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

C
F

1 L D 0 3 0 5 6 7 1 2 7

T/A C
1

I. Name of Installation

I L L I N O I S P O W E R C O - V E R M I L I O N P S

II. Installation Mailing Address

Street or P.O. Box

C

3 5 0 0 S 2 7 T H S T R E E T

City or Town

State

ZIP Code

C

4 D E C A T U R

I L 6 2 5 2 5

III. Location of Installation

Street or Route Number

C

5 6 M I N O F R T E I 7 4

City or Town

State

ZIP Code

C

6 0 A K W O O D

I L 6 1 8 5 8

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2 T H O M A S B O R S U P - W A S T 2 1 7 4 2 4 7 0 8 7

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R I L L I N O I S P O W E R C O

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☒ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☒ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☒ A. Utility Boiler

☐ B. Industrial Boiler

☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

12-12-90 R26
I L D 0 3 0 5 6 7 1 2 7

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Jene L. Robinson Manager of Environmental Affairs	Date Signed 11/16/90
--	---	-------------------------

FORM 3 RCRA	EPA	ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER	
			S F L D 0 3 0 5 6 7 1 2 7 3 1	

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
<div></div>	<div></div>	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/>	
<div><div><div>YR.</div><div>MO.</div><div>DAY</div></div><div>8 5 5 0 5 0 1</div></div> <div>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</div>		<div><div><div>YR.</div><div>MO.</div><div>DAY</div></div><div></div></div> <div>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</div>	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/>	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A C		I	
C		13		14	
15		16		17	
18		19		20	
21		22		23	
24		25		26	
27		28		29	
30		31		32	
X-1	5	0	2	600	G
	5	0	3	20	E
1	T	0	2	11	U
2	T	0	4	106	U
3					
4					

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The T04 designation on this application III.C. refers to thermal treatment of chemical cleaning wastes. This thermal treatment can occur in any of the 2 boilers at this site. The design capacity listed is that for the largest boiler based on 10 gal./min. of waste burned per 100,000 lb./hour of steam produced assuming full capacity operation over 24 hours per day.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing it. have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
<div> <div>W</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>26</div> </div>													<div> <div>W</div> <div>DUP</div> <div>3</div> <div>2</div> <div>DUP</div> </div>															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)				D. PROCESSES																		
	23	24	25	26		27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	D	1	0	2	16,742	000	T	T	0	2																		Neutralized
2	D	0	0	7	25	0000	T	T	0	4																		Thermal treatment
3																												
4																												
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IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

The T04 designation listed in IV.D. refers to thermal treatment of chemical cleaning wastes. The estimated annual quantity is based on a boiler cleaning of each of the 2 boilers every 5 years. Because of the infrequent nature of this activity portable tanks are brought on site for storage of the waste until burning is accomplished. The toxicity (D007) is based on our anticipation of the results of the Extraction Procedure (EP) testing of the waste. Because of the variables involved in this type of process it is possible that other toxic metal constituents may appear in any given cleaning. On the other hand some cleaning will likely generate waste that is not hazardous based on EP testing.

EPA I.D. NO. (enter from page 1)

S	F	1	L	D	0	3	0	5	6	7	1	2	7	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	1	1	0	0	0
59	59	59	59	59	59	59

LONGITUDE (degrees, minutes, & seconds)

0	8	7	4	4	0	4	5
70	70	70	70	70	70	70	70

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E																			
15 16										55 56 - 58 59 - 61 62 - 65									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
F										G									
15 16										40 41 42 43 - 51									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

C. W. Wells

B. SIGNATURE

Charles W. Wells

C. DATE SIGNED

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Same as IX.

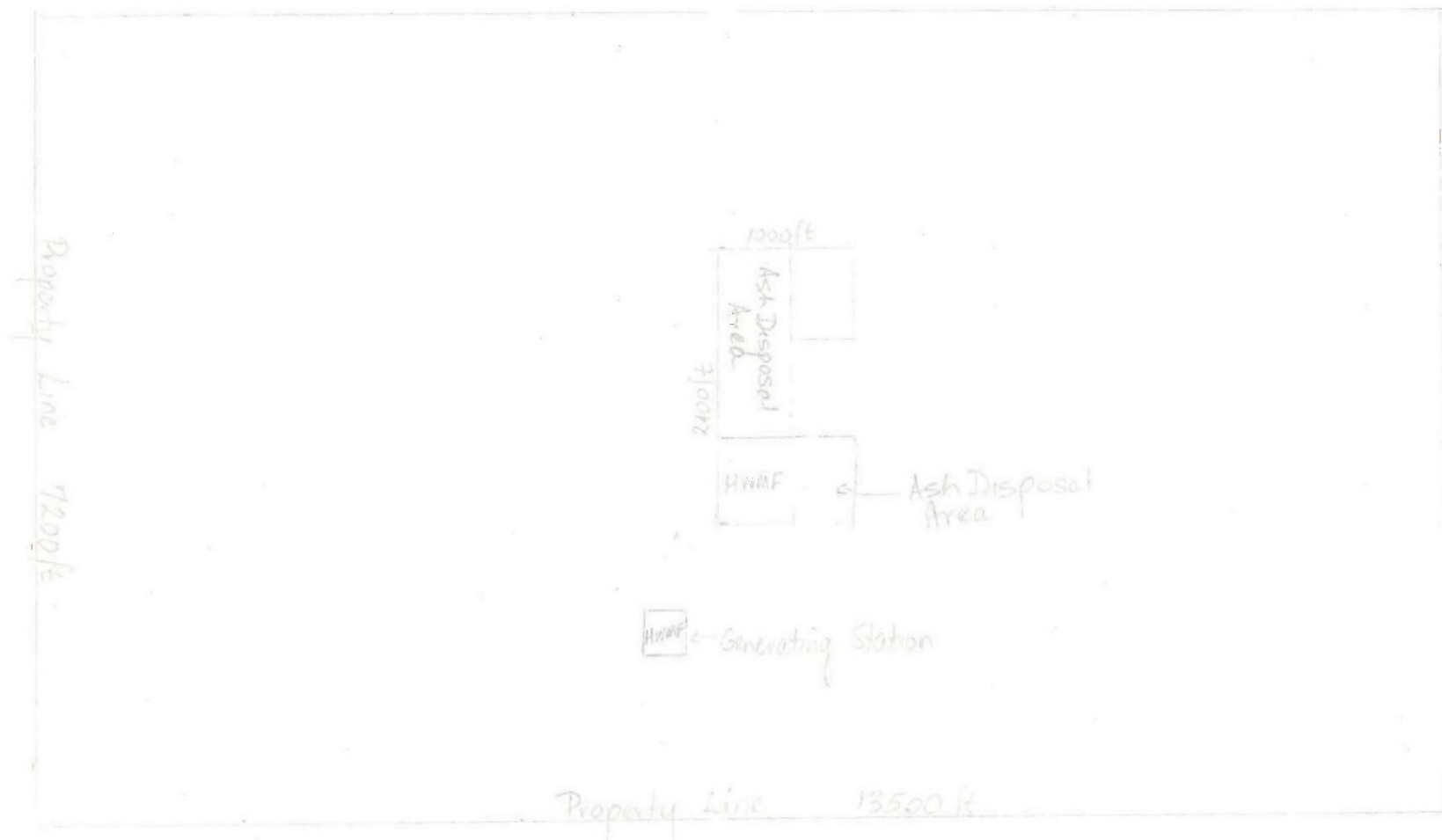
B. SIGNATURE

Charles W. Wells

C. DATE SIGNED

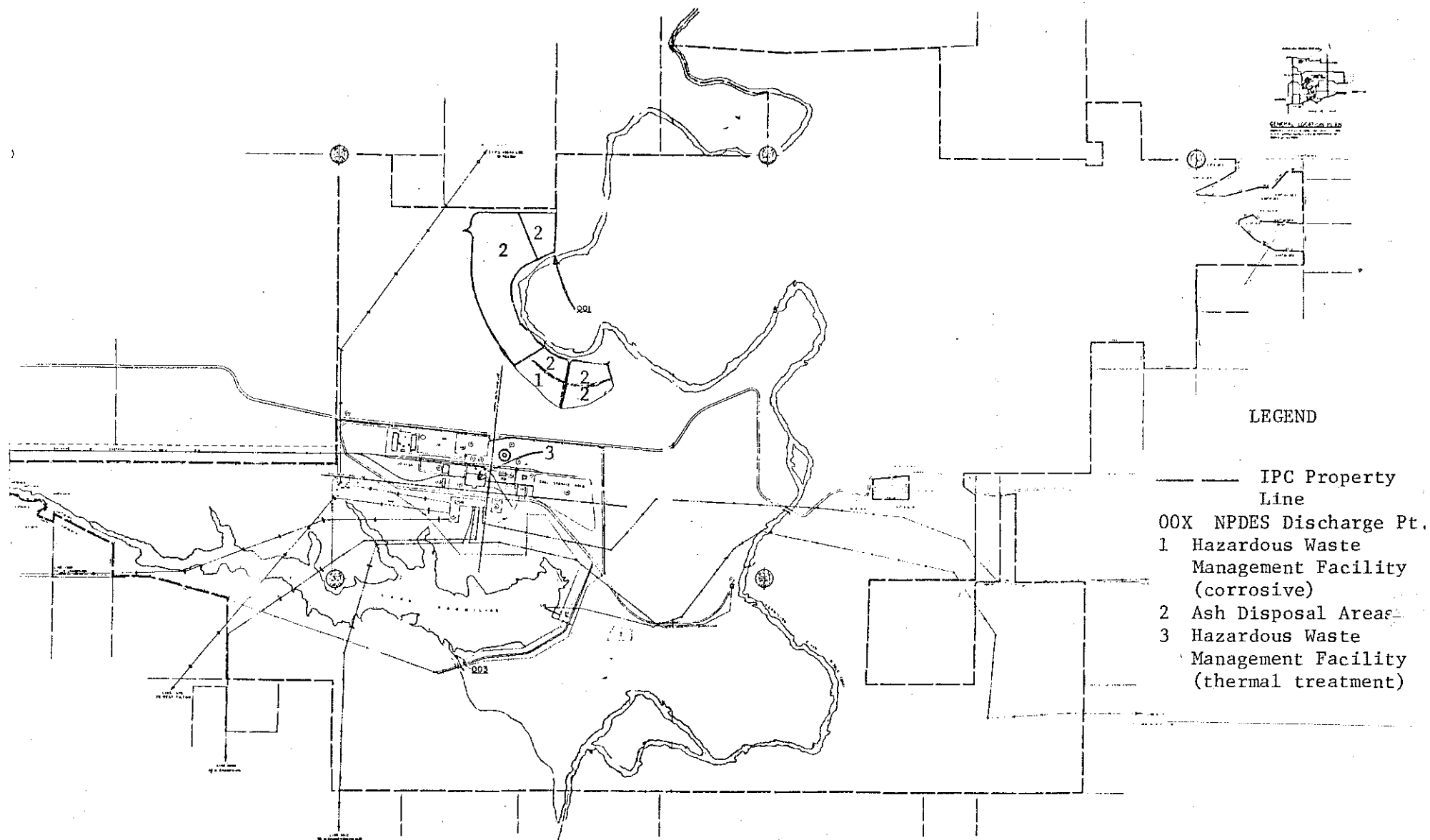
11/18/80

VERMILION POWER STATION



Note: The information presented on this drawing shows approximate dimensions. In order to facilitate presentation while remaining on the allotted form, all facilities have been shown as squares or rectangles.

1' = ~ 1500'



LEGEND

- IPC Property Line
- 00X NPDES Discharge Pt.
- 1 Hazardous Waste Management Facility (corrosive)
- 2 Ash Disposal Areas
- 3 Hazardous Waste Management Facility (thermal treatment)

VERMILION POWER PLANT
PLANT LAYOUT

ILLINOIS POWER COMPANY



500 SOUTH 27TH STREET, DECATUR, ILLINOIS 62525

November 18, 1980

Dr. Y. J. Kim
EPA - Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

Dear Dr. Kim:

Re: Vermilion Power Station
RCRA Permit Application - Part A

Attached is the completed hazardous waste permit application for the above-mentioned facility. This submittal includes the General Information and associated maps necessary on Form 1 and the information and photographs necessary to complete the Hazardous Waste Permit Application (Form 3). A "Notification of Hazardous Waste Activity" was previously submitted for this site under my August 14, 1980 cover letter. However, we have yet to receive a response from the Agency regarding this submittal. Thus, in order to meet the permit application submittal deadline of November 19, 1980, we have submitted these forms without having filled in the "EPA I.D. Number". We feel that all other required information is complete. We were informed by your staff in a telephone conversation that since the Agency had not yet been able to issue I.D. numbers to all notifiers that submittal would be accepted without this information.

It should be noted that the "Facility Drawing" was required to be in the space provided on page 5 of 5 on Form 3 and that to accomplish this various approximations in size and shape were made. In addition, the well locations shown on the map attached to Form 1 were determined by using the Illinois State Water Survey's latest records. Many of these older wells may no longer be in use and wells drilled within the last year have not yet been logged and thus are not included.

Most of the ambiguities in and possible different interpretations of portions of the regulations mentioned in our notification submittal have not yet been clarified by the Agency through RIM's or other means. We have made a good faith effort of testing our waste and interpreting the regulations. We felt, however, that where uncertainties existed it was only prudent to be conservative

in applying for permits and have followed this course of action including complying with the interim status standards. We look forward to clearing up these uncertainties and may later withdraw permit applications for specific facilities which are later determined not to be covered by the hazardous waste regulations.

Please insure that all correspondence regarding this permit and application is directed to me, as shown on Form 1, Parts IV (Facility Contact) and V (Facility Mailing Address).

Respectfully yours,

ILLINOIS POWER COMPANY



Jene L. Robinson
Director - Environmental Affairs

JCH:dmf

cc: C. W. Wells/J. M. Williams - B-13 (wo/att.)
P. J. Womeldorff - B-16 (wo/att.)
B. L. Blackburn - A-05 (w/att.)
D. P. Mathias - Vermilion (w/att.)
S. A. Zabel - Schiff, Hardin and Waite (wo/att.)
J. C. Henry/P. A. Vopelak/E. A. File - A-17 (w/att.)
General Files - D-05 (w/att.)

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16 D 3 4 5 6 7 1 2 7 3 D </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) *	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	VERMILION POWER STATION - ILLINOIS POWER
---	---	------	--

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 J L ROBINSON DIRECTOR, EAD	217 424 6834

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		
3 500 SOUTH 27TH STREET		
B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 DECATUR	IL	62525

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 6 MIN OF RT I-74 AT OAKWOOD			
B. COUNTY NAME			
VERMILION			
C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 OAKWOOD	IL	61858	183

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	4	9	3	1	(specify) Generation of electricity	7				(specify)									
C. THIRD										D. FOURTH									
7					(specify)	7				(specify)									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?									
8	I	L	L	I	N	O	I	S		P	O	W	E	R	C	O	M	P	A	N	Y	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)												2	1	7	4	2	4	6	8	3	4
S = STATE	O = OTHER (specify)																							
P = PRIVATE																								
E. STREET OR P.O. BOX																								
5	S	O	U	T	H		2	7	T	H		S	T	R	E	E	T							
F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND										
B	D	E	C	A	T	U	R	I	L	6	2	5	2	5	Is the facility located on Indian lands?									
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)														
9	N	I	L	0	0	4	0	5	7	9	P													
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)														
9	U									9	Z	1	9	7	9	-	G	0	-	4	9	1	5	(specify) Illinois EPA Septic Tank System
C. RCRA (Hazardous Wastes)										E. OTHER (specify)														
9	R									9	Z	1	8	3	8	1	4	A	A	A	(specify) Illinois EPA Air Operating Permit*			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Illinois Power Company is an investor-owned utility that supplies gas and electric service to customers in an approximately 15,000 square mile area. These services are provided to a population of approximately 1,395,000 electric and 1,000,000 gas customers.

F9: A/51

Note: See both the topographic map and the plant layout figure for information required in Section XI.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
C. W. Wells Executive Vice President		Charles W. Wells		11/18/89	

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EPA Form 3510-1 (6-80) REVERSE *All air permits for the power station have the same ID number, but different application numbers. We have only listed the ID number.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

CHICAGO, ILLINOIS 60604

DEC 11 1990

REPLY TO THE ATTENTION OF:

5HR-JCK-13

Mr. Bob Thomas
Illinois Power Co
Vermilion Power Station
500 S. 27th St.
Decatur, IL 62525

RE: EPA ID #: ILD 030 567 127

In response to your request of November 16, 1990 the following information
has been updated:

Contact Person: Bob Thomas

Used Oil Fuel Activities: Off-Specification
Generator Marketing to Burner .

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

ILLINOIS POWER

500 SOUTH 27TH STREET, P.O. BOX 511, DECATUR, ILLINOIS 62525-1805

November 16, 1990

RCRA Activities
U.S. Environmental Protection Agency
Region V
Waste Management Division
P. O. Box A3587
Chicago, Illinois 60690

RECEIVED

NOV 26 1990

U. S. EPA, REGION V
SWB — PMS

Dear Sirs:

Enclosed find a revised EPA Form 8700-12 for the Notification of Hazardous Waste Activity. This form is being sent to advise you that Illinois Power Company's Vermilion Power Station is a burner of off-specification used oils.

In accordance with 35 Illinois Administrative Code Subtitle G, Section 726.144 Standards applicable to burners of used oil burned for energy recovery, subsection (b) Notification, the following information is provided to inform you of the plant's location and the used oil management practices.

- o Location: Vermilion Power Station is located 6 miles north of Interstate 74 in Oakwood, Illinois.
- o Management Practices: The off-specification used oil is mixed with coal by placing it on the "coal-ready" pile adjacent to the reclaim hopper. It is pushed into the reclaim hopper within one hour after it is applied to the coal.

An air operating permit (Application Number 73020064 and I.D. Number 183814AAA) has been issued by the Illinois EPA authorizing this activity. The permit is valid until June 8, 1991.

Comments or questions regarding this matter should be directed to me at 217/424-7375 or Bob Thomas at 217/424-7087.

Sincerely,

ILLINOIS POWER COMPANY

Lori A. Cusack

Lori A. Cusack
Environmental Specialist

Attachment: 1

USEPA.LAC:dmf

cc: Larry Eastep - Illinois Environmental Protection Agency (w/att.)

9102874

830605002

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

EPA Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-07United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

SUBQ

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

ILD006933519 T/A C 1

I. Name of Installation

ILLINOIS POWER CO - VERMILION PS

II. Installation Mailing Address

Street or P.O. Box

3500 S 27TH STREET

City or Town

State

ZIP Code

DECATUR IL 62525

III. Location of Installation

Street or Route Number

56 MIN OF RTE I 74

City or Town

State

ZIP Code

60AKWOOD IL 61858

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

2 THOMAS BOB SUP - WAST 217 424 7017

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

ILLINOIS POWER CO P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Store/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☒ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☒ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

RECEIVED

NOV 20 1990

IEPA-DLPC

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☒ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate boxes)**☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ILD030567127

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Jene L. Robinson Manager of Environmental Affairs	Date Signed 11/16/90
--	---	-------------------------

ILLINOIS POWER

500 SOUTH 27TH STREET, P.O. BOX 511, DECATUR, ILLINOIS 62525-1805

November 16, 1990

RCRA Activities
U.S. Environmental Protection Agency
Region V
Waste Management Division
P. O. Box A3587
Chicago, Illinois 60690

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Sincerely,

ILLINOIS POWER COMPANY

Lori A. Cusack

Lori A. Cusack
Environmental Specialist

RECEIVED

NOV 27 1990

Attachment: 1

U.S. EPA, REGION V
SWB - PMS

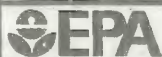
USEPA.LAC:dmf

RECEIVED

NOV 20 1990

IEPA-DLPC

cc: Larry Eastep - Illinois Environmental Protection Agency (w/att.)

U
ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION
MAILING
ADDRESSIII. LOCATION
OF INSTAL-
LATION

ILD030567127

PART A WITHDRAWAL APPROVED -
TSD DELETED

PLEASE PLACE LABEL IN THIS SPACE

000431 AUG 19 80

NON-HANDLER INACTIVE I.D. #

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

I. NAME OF INSTALLATION

VERMILION POWER STA-ILLINOIS POWER CO

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3500 S 27TH STREET MC A-17

CITY OR TOWN

DECATUR

ST.

ZIP CODE

IL 62525

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

56 MI N OF RT I-74 AT OAKWOOD

CITY OR TOWN

OAKWOOD

ST.

ZIP CODE

IL 61858

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

HENRY JAY-SUPERVISOR BIO PROG

PHONE NO. (area code & no.)

217-424-7087

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ILLINOIS POWER COMPANY

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☒ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD030567127

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 F002 23 - 26	3 F003 23 - 26	4 F005 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

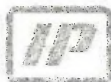
☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>B. L. Blackburn</i>	NAME & OFFICIAL TITLE (type or print) B. L. BLACKBURN MANAGER - POWER PRODUCTION	DATE SIGNED 8/14/80
-------------------------------------	--	------------------------

ILLINOIS POWER COMPANY



500 SOUTH 27TH STREET, DECATUR, ILLINOIS 62525

CERTIFIED MAIL

May 26, 1981

RCRA Activities
P. O. Box 8761
Chicago, Illinois 60680

Gentlemen:

Re: Withdrawal of 3010 Notifications
and Part A Permit Applications

The purpose of this letter is to withdraw the 3010 notifications and Part A Permit Applications for the following facilities:

Baldwin Power Station	-	ILD000805713
Havana Power Station	-	ILD079148672
Hennepin Power Station	-	ILD060867983
Vermilion Power Station	-	ILD030567127
Wood River Power Station	-	ILD093752004

These withdrawals are based on interpretation and clarification of the hazardous waste regulations issued by USEPA since November 19, 1980 and our recently completed waste analyses.

Because of the uncertainties involved on the dates of the required filings (August 18, 1980 and November 19, 1980) and the severe potential consequences for failure to notify, Illinois Power Company took a conservative approach and filed precautionary notifications and permit applications. As per the request in John McGuire's letter of January 13, 1981 from USEPA to owners/operators of hazardous waste treatment, storage, or disposal facilities we are now informing Region V that these were not necessary.

Reflecting this conservative approach, several wastes were included in the notifications but, based on further review of the requirements, only demineralizer regenerant waste and boiler tube chemical cleaning wastes were included in our permit applications.

SUB. NOT.

NON-HANDLER INACTIVE I.D. #

~~DELETIONS FOR NOTIFICATIONS MADE 9-14-81 P. JONES~~
RE-ENTERED WITH NON-HANDLER CODE 1 2-11-82 MGP
JUN 12 1981

JUN 12 1981

The chemical cleaning wastes were listed based on our anticipation of the results of the EP test. This was done because these cleanings are infrequent and none of these wastes were generated between May and November. Results of testing several of these wastes generated since November show that the chemical waste is only sometimes hazardous and that the rinse is not hazardous. Composite samples of the demineralizer regenerant have also been found to be not hazardous.

On January 13, 1981 the Utility Solid Waste Activities Group (USWAG) received a letter from Gary N. Dietrich, Associate Deputy Assistant Administrator for Solid Waste. In this letter Mr. Dietrich provided USWAG with the Agency's interpretation of the scope of the fossil fuel combustion waste exclusion in Section 261.4(b)(4) of the hazardous waste regulations. This interpretation concludes that other wastes that are generated in conjunction with the burning of fossil fuels that are co-disposed or co-treated with fly ash, bottom ash, boiler slag and flue gas emission control wastes are within the scope of the temporary exemption. Demineralizer regenerant and boiler cleaning solutions (i.e., chemical cleaning wastes) are specifically mentioned in this interpretation and thus have been temporarily exempted from being considered as hazardous wastes.

Based on the above, we wish to withdraw our notifications and permit applications for these above-listed facilities; please return these to us in care of:

Mr. Jene L. Robinson
Illinois Power Company
500 South 27th Street
Decatur, Illinois 62525

We understand that if the regulations (or interpretation) change or our operations are altered such that we have hazardous wastes that would be subject to regulation we will be required to refile and would at that time be eligible for interim status.

If you have questions regarding this information, please contact Jene L. Robinson at 217/424-6834. Thank you for your attention to this matter.

Sincerely,

ILLINOIS POWER COMPANY

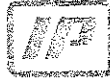


C. W. Wells
Executive Vice President

cc: General Files - D-05

O-0160
L04-80(08-14)-0

ILLINOIS POWER COMPANY



500 SOUTH 27TH STREET, DECATUR, ILLINOIS 62525

CERTIFIED MAIL

August 14, 1980

Dr. Y. J. Kim
EPA - Region V
RCRA Activities
P. O. Box 8761
Chicago, Illinois 60680

Dear Dr. Kim:

Re: Notification of Hazardous Waste Activity

Enclosed are Notification of Hazardous Waste Activity forms for each Illinois Power Company site that generates hazardous waste as defined in 40 CFR 261.

Because of some ambiguities in and possible different interpretations of portions of the hazardous waste regulations (40 CFR 261, 262, 263, 264 and 265), and the severe consequences of not notifying by August 18, 1980, we have been conservative in notifying on our generation of hazardous waste. We feel we have made a good faith effort to comply with the regulations and look forward to having EPA clarify these ambiguities and provide interpretations through RIMs. We certainly hope this will be done as soon as possible and well before the November 19, 1980 date for filing the Part A permit applications.

Furthermore we would like to emphasize that although we are notifying that some of our facilities are generators of hazardous waste in accordance with Section 3010 of the Resource Conservation and Recovery Act, we believe most of this waste is, in fact, not hazardous.

Sincerely,

ILLINOIS POWER COMPANY

Gene L. Robinson
Director - Environmental Affairs

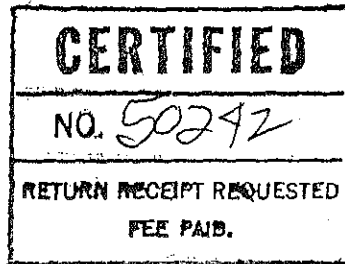
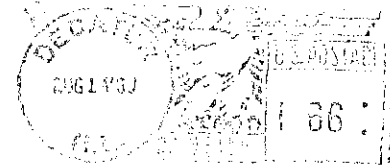
JCH:kem

AUG 18 1980

cc: P. J. Womeldorff - B-16 (wo/att.)
T. F. Plunkett - T-31 (Clinton only)
B. L. Blackburn/J. C. Schmitt/D. T. Mason - A-05 (all plants)
J. E. Swift/R. L. Daine/E. J. Kletz/R. J. Zuege - A-14 (S.A. only)
J. C. Henry/P. A. Vopelak/E. A. File - A-17 (all plants)
CPS - DRC - MICROFILM - T-29 (Clinton only)
Generation Engineering Files - F-33 (Clinton only)
General Files - D-05 (all plants)
S. A. Zabel - Schiff, Hardin and Waite (all plants)

FOLD, MOISTEN, AND SEAL

Illinois Power Company
500 S. 27th Street - A-17
Decatur, Illinois 62525



EPA, Region V
RCRA Activities
P. O. Box 7861
Chicago, Illinois 60680

NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

DETACH ALONG THIS LINE

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F 14 D 0 3 4 5 6 7 1 2 7 3 D	
LABEL ITEMS		ILLINOIS POWER CO PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) *	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produce water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIN VERMILION POWER STATION - ILLINOIS POWER

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 J L ROBINSON DIRECTOR, HEAD	217 424 6834

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	B. CITY OR TOWN
3 500 SOUTH 27TH STREET	4 DECATUR

C. STATE	D. ZIP CODE
IL	62525

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 6 MI N OF RT I-74 AT OAKWOOD	VERMILION

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 OAKWOOD	IL	61858	183

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
(specify)										(specify)									
7 4 9 3 1 Generation of electricity										7									
C. THIRD										D. FOURTH									
(specify)										(specify)									
7										7									

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
8 ILLINOIS POWER COMPANY																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										2 1 7 4 2 4 6 8 3 4																													
S = STATE										O = OTHER (specify)																																																	
P = PRIVATE																																																											

E. STREET OR P.O. BOX																																																	
5 0 0 SOUTH 27TH STREET																																																	
F. CITY OR TOWN																														G. STATE										H. ZIP CODE									
B DECATUR																														I L										6 2 5 2 5									
IX. INDIAN LAND																																																	
Is the facility located on Indian lands?																																																	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
9 N I L 0 0 0 4 0 5 7																														9 P																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
9 U																														1 9 7 9 - G 0 - 4 9 1 5 (specify) Illinois EPA Septic Tank System																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
9 R																														1 8 3 8 1 4 A A A (specify) Illinois EPA Air Operating Permit*																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Illinois Power Company is an investor-owned utility that supplies gas and electric service to customers in an approximately 15,000 square mile area. These services are provided to a population of approximately 1,395,000 electric and 1,000,000 gas customers.

Note: See both the topographic map and the plant layout figure for information required in Section XI.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
C. W. Wells Executive Vice President																														Charles W. Wells																				11/18/84									

COMMENTS FOR OFFICIAL USE ONLY

C																																																	
13																																																	

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
F L L 0 0 3 0 5 6 7 1 2 7 3 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR. MO. DAY

8 5 5 0 5 0 1

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY

73 74 75 76 77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	O83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	S	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	T/A	C	1
C	DUP		
1	2	13	14
15	16	17	18
19	20	21	22
23	24	25	26
27	28	29	30
31	32	33	34
35	36	37	38
39	40	41	42
43	44	45	46
47	48	49	50
51	52	53	54
55	56	57	58
59	60	61	62
63	64	65	66
67	68	69	70
71	72	73	74
75	76	77	78
79	80	81	82
83	84	85	86
87	88	89	90
91	92	93	94
95	96	97	98
99	100	101	102

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	T 0 2	11 000000	U		7				
2	T 0 4	106 560000	U		8				
3					9				
4					10				

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
<div>W 1 2 3 4 5 6 7 8 9 10 11 12</div>												<div>W 1 2 3 4 5 6 7 8 9 10 11 12</div>											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																			
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	D 0 0 2	16,742 0 0 0	T	T 0 2									Neutralized										
2	D 0 0 7	25 0 0 0 0	T	T 0 4									Thermal treatment										
3																							
4																							
5																							
6																							
7																							
8																							
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25																							
26																							

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

The T04 designation listed in IV.D. refers to thermal treatment of chemical cleaning wastes. The estimated annual quantity is based on a boiler cleaning of each of the 2 boilers every 5 years. Because of the infrequent nature of this activity portable tanks are brought on site for storage of the waste until burning is accomplished. The toxicity (D007) is based on our anticipation of the results of the Extraction Procedure (EP) testing of the waste. Because of the variables involved in this type of process it is possible that other toxic metal constituents may appear in any given cleaning. On the other hand some cleaning will likely generate waste that is not hazardous based on EP testing.

EPA I.D. NO. (enter from page 1)

S	F	1	L	D	0	3	0	S	6	7	1	2	7	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	0	1	1	0	0	0
65	66	67	68	69	70	71

0	8	7	4	4	0	4	5
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
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IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

C. W. Wells

Charles W. Wells

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Same as IX.

Charles W. Wells

11/18/80

Facility Name Vermillion Power Stat. - Ill. Power☐ ACKNOWLEDGEMENT SENTReviewer Shandross

INTERNAL CHECKLIST

Date Review Started 3/13/81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐(2) FORM 3 MISSING ☐B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐C. (1) DATE of OPERATION MISSING ☐(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐(2) NONNOTIFIER ☐E. (1) FORM 1, XIII B SIGNATURE MISSING ☐(2) FORM 3, IX B SIGNATURE MISSING ☐2. A. TSDF ☐B. NONREGULATED ☒C. UNSURE ☐D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐E. NEW FACILITY ☐F. CORE ITEM(S) MISSING ☐G. NONCORE ITEM(S) MISSING ☐H. OTHER ☐

Form Filled EX

**RECORD OF
COMMUNICATION**

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE

☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

FROM:

DATE

TIME

SUBJECT

Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER	CHECK IF ITEM MISSING
II. Pollutant Characteristics	<input type="checkbox"/>
*III. Name of Facility	<input type="checkbox"/>
IV. Facility Contact	<input type="checkbox"/>
V. Facility Mailing Address	
A. Street or P.O. Box	<input type="checkbox"/>
B. City or Town	<input type="checkbox"/>
C. State	<input type="checkbox"/>
D. Zip Code	<input type="checkbox"/>
VI. Facility Location	
*A. Street, Route Number	<input type="checkbox"/>
B. County Name	<input type="checkbox"/>
*C. City or Town	<input type="checkbox"/>
*D. State	<input type="checkbox"/>
E. Zip Code	<input type="checkbox"/>
F. County Code (if known)	<input type="checkbox"/>
VII. SIC Codes (other than Process and Hazardous Waste codes)	<input type="checkbox"/>
VIII. Operator Information	
*A. Name	<input type="checkbox"/>
*B. Is the name listed in VIII-A also the owner	<input type="checkbox"/>
C. Status of operator	<input type="checkbox"/>
D. Phone	<input type="checkbox"/>
*E. Street or P.O. Box	<input type="checkbox"/>
*F. City or Town	<input type="checkbox"/>
*G. State	<input type="checkbox"/>
H. Zip Code	<input type="checkbox"/>

I.D.# LD030567127

Reviewer's Initial RS

IX. Indian Land ☐X. Existing Environmental Permits ☐XI. Map ☐XII. Nature of Business ☐

XIII. Certification

A. *1. Name ☐2. Official Title ☐*B. Signature ☐*C. Date Signed ☐

Comments:

*Form 1 is missing ☐

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM
MISSING

II. First Application

*1. Existing Facility Date (on or before
November 19, 1980)

☐

OR

*2. New Facility Date (after November 19, 1980)

☐

III. Processes

*A. Process Code

☐

*B. Process Design Capacity-Amount

*1. Amount

☐

*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

*A. EPA Hazardous Waste Number

☐

*B. Estimated Annual Quantity

☐

*C. Unit of Measure

☐

*D. Processes

*1. Process Codes

☐

*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

*doesn't delineate HWM structures
(corrosive)*

☒

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

I.D.# LD030567127

Reviewer's Initial Rs

CHECK IF ITEM
MISSING

VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

*Form 3 is missing

<input type="checkbox"/>

I.D.# 11D030567127Reviewer's Initial RS

ILDO30567127

Last Name

Vermillion Power Stat. ILL Power

PHASE ONE

Indicate by
your initials
Yes No

Form 1
Form 2

Interim Regulatory Requirements

1 2/5/D Facility? (If No, return to respondent.)

3 Form 1 received?

4 Form 3 received?

1 1 3 Postmarked on or before November 18, 1980?

3 Date of operation entered?

3 Date of operation on or before November 18, 1980?

Notified

Notified on or before August 18, 1980?

1 Form 1, XIII B signed?

3 Form 3, IX B signed?

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

1-28-81

PHASE TWO

Unsure if regulated or non-regulated?

New facility?

Core items missing? If Yes, indicate which items:

Facility name; location; mail address; operator info;

certification; process info; waste info; owner; sign

PHASE THREE

Non-core items missing? If Yes, indicate which items:

Maps; photos; drawings; lat/long

Other observations and comments:

Received Date Stamp

(Stamp forms also)

ILLINOIS POWER COMPANY



500 SOUTH 27TH STREET, DECATUR, ILLINOIS 62525

Part 1, Copy

10P

CERTIFIED MAIL

May 26, 1981

RCRA Activities
P. O. Box 8761
Chicago, Illinois 60680

Gentlemen:

Re: Withdrawal of 3010 Notifications
and Part A Permit Applications

The purpose of this letter is to withdraw the 3010 notifications and Part A Permit Applications for the following facilities:

Baldwin Power Station	-	ILD000805713	
Havana Power Station	-	ILD079148672	
Hennepin Power Station	-	ILD060867983	
Vermilion Power Station	-	ILD030567127	DELETED 9-14-81 C. JONES
Wood River Power Station	-	ILD093752004	

These withdrawals are based on interpretation and clarification of the hazardous waste regulations issued by USEPA since November 19, 1980 and our recently completed waste analyses.

Because of the uncertainties involved on the dates of the required filings (August 18, 1980 and November 19, 1980) and the severe potential consequences for failure to notify, Illinois Power Company took a conservative approach and filed precautionary notifications and permit applications. As per the request in John McGuire's letter of January 13, 1981 from USEPA to owners/operators of hazardous waste treatment, storage, or disposal facilities we are now informing Region V that these were not necessary.

Reflecting this conservative approach, several wastes were included in the notifications but, based on further review of the requirements, only demineralizer regenerant waste and boiler tube chemical cleaning wastes were included in our permit applications.

SUB. NOT.

JUN 12 1981

JUN 12 1981

The chemical cleaning wastes were listed based on our anticipation of the results of the EP test. This was done because these cleanings are infrequent and none of these wastes were generated between May and November. Results of testing several of these wastes generated since November show that the chemical waste is only sometimes hazardous and that the rinse is not hazardous. Composite samples of the demineralizer regenerant have also been found to be not hazardous.

On January 13, 1981 the Utility Solid Waste Activities Group (USWAG) received a letter from Gary N. Dietrich, Associate Deputy Assistant Administrator for Solid Waste. In this letter Mr. Dietrich provided USWAG with the Agency's interpretation of the scope of the fossil fuel combustion waste exclusion in Section 261.4(b)(4) of the hazardous waste regulations. This interpretation concludes that other wastes that are generated in conjunction with the burning of fossil fuels that are co-disposed or co-treated with fly ash, bottom ash, boiler slag and flue gas emission control wastes are within the scope of the temporary exemption. Demineralizer regenerant and boiler cleaning solutions (i.e., chemical cleaning wastes) are specifically mentioned in this interpretation and thus have been temporarily exempted from being considered as hazardous wastes.

Based on the above, we wish to withdraw our notifications and permit applications for these above-listed facilities; please return these to us in care of:

Mr. Jene L. Robinson
Illinois Power Company
500 South 27th Street
Decatur, Illinois 62525

We understand that if the regulations (or interpretation) change or our operations are altered such that we have hazardous wastes that would be subject to regulation we will be required to refile and would at that time be eligible for interim status.

If you have questions regarding this information, please contact Jene L. Robinson at 217/424-6834. Thank you for your attention to this matter.

Sincerely,

ILLINOIS POWER COMPANY


C. W. Wells
Executive Vice President

cc: General Files - D-05



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

16 NOV 1982

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

Mr. C. W. Wells, Executive Vice President
Vermilion Power Plant, Illinois Power Company
500 South 27th Street
Decatur, Illinois 62525

RE: Withdrawal of Part A (Exempted Waste)
FACILITY NAME: Illinois Power Company, Vermilion Power Plant
USEPA ID NO.: ILD 030 567 127

Dear Mr. Wells:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of May 26, 1981, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility only treats, stores or disposes of waste listed in 40 CFR Part 261.4 (enclosed), which are exempt from regulations at this time.

It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you still must comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Exempted Wastes)," in all telephone contacts and correspondence on this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Karl J. Klepitsch, Jr.", is written over the typed name.

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Mr. J. L. Robinson, Director, EAD
IEPA

J. L. Robinson Director EAD
Vermilion Power Plant Illinois Power Company
500 South 27th Street
Decatur, IL. 62525

RCRA ACTIVITIES

RE: Withdrawal of Part A (Exempted Waste)
FACILITY NAME: Illinois Power - Vermilion Power Station
USEPA ID NO.: IL D 030567127

Dear: Mr. Robinson,

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of May 26, 1981, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility only treats, stores or disposes of waste listed in 40 CFR Part 261.4 (enclosed), which are exempt from regulations at this time.

It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you still must comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator or transporter of hazardous waste.

Please contact the Technical, Permits and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Withdrawal of Part A, Exempted Wastes" in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: C.W. Wells
Executive
Vice President

cc: 12PA

OK
DH
10/13